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Wyoming Client Treatment Outcomes Report

COURT SUPERVISED TREATMENT (DRUG COURTS) WORK!

75% of adult criminal drug court graduates never see another pair of handcuffs....

THE VERDICT IS IN...

In the 20 years since the first Drug Court was founded, there has been more research published on the effects of Drug Courts than on nearly all other criminal justice programs combined.

The scientific community has put Drug Courts under a microscope and concluded that Drug Courts work: Better than jail or prison—better than probation and treatment alone. Drug Courts significantly reduce drug use and crime and are more cost-effective than any other proven criminal justice strategy.

Drug Courts Reduce Crime

FACT: Nationwide, 75% of Drug Court graduates remain arrest-free at least two years after leaving the program.

FACT: Rigorous studies examining longterm outcomes of individual Drug Courts have found that reductions in crime last at least 3 years and can endure for over 14 years.

FACT: The most rigorous and conservative scientific meta-analyses have all concluded that Drug Courts significantly reduce crime as much as 35

percent more than other sentencing options.

Drug Courts Save Money

FACT: Nationwide, for every \$1.00 invested in Drug Court, taxpayers save as much as \$3.36 in avoided criminal justice costs alone.

FACT: When considering other cost offsets such as savings from reduced victimization and healthcare service utilization, studies have shown benefits range up to \$12 for every \$1 invested.

FACT: Drug Courts produce cost savings ranging from \$4,000 to \$12,000 per client. These cost savings reflect reduced prison costs, reduced revolving-door arrests and trials, and reduced victimization.

FACT: In 2007, for every Federal dollar invested in Drug Court, \$9.00 was leveraged in state funding.

Drug Courts Ensure Compliance

FACT: Unless substance abusing/ addicted offenders are regularly supervised by a judge and held accountable, 70% drop out of treatment prematurely.

FACT: Drug Courts provide more comprehensive and closer supervision

than other community-based supervision programs.

FACT: Drug Courts are six times more likely to keep offenders in treatment long enough for them to get better.

Drug Courts Combat meth addiction

FACT: For methamphetamine-addicted people, Drug Courts increase treatment program graduation rates by nearly 80%.

FACT: When compared to eight other programs, Drug Courts quadrupled the length of abstinence from methamphetamine.

FACT: Drug Courts reduce methamphetamine use by more than 50% compared to outpatient treatment alone.

Drug Courts Restore Families

FACT: Parents in Family Drug Court are more likely to go to treatment and complete it.

FACT: Children of Family Drug Court participants spend significantly less time in out-of-home placements such as foster care

FACT: Family re-unification rates are 50% higher for Family Drug Court participants.

http://www.nadcp.org/learn/drug-courts-work



One of the evaluations submitted after a conference which I spoke, the writer expressed frustration with me. I had walked through the data about divorce and poverty; drug and alcohol use; mental illness; out of home placements; prison growth; high school dropout rates; single moms working multiple jobs with no health insurance...and this person wrote in their evaluation, "Well... Rodger has been in his job for 7 years. Why aren't these problems solved?"

The Red Queen in Lewis Carroll's *Through the Looking Glass* could have been speaking about all of these matters when she told Alice, "It takes all the running you can do just to keep in the same place." We have been on that tread mill for the last four years, but unlike the Red Queen, we have made a lot of progress!

When Governor Freudenthal appointed me to head the Substance Abuse Services Division in December of 2006. I became its sixth administrator in just four years. The Division had been the target of political charges in the 2006 gubernatorial campaign alleging mismanagement and waste of taxpayer dollars. A legislative audit completed earlier that year questioned the work of the Division and its role in holding providers accountable and assuring dollars were spent appropriately. On top of those issues, the Governor and Dr. Sherard were asking that the Mental Health and Substance Abuse Services

On My Mind

By Rodger McDaniel

FAREWELL

Divisions be re-integrated into a single unit.

As I prepare to retire four years later, the Mental Health and Substance Abuse Services Division is a model organization. It is clear about its mission and its role. The management team is stable, experiencing only one turnover in the last three years. Turnover among other staff members has also been greatly reduced. Surveys of our partners in the community evidence a high level of satisfaction in the work of the Division and employee satisfaction surveys internally show staff is proud to be a part of this work.

But to paraphrase Abe Lincoln, "You cannot possibly make all the people happy all the time!" Mental Health and Substance Abuse Services necessarily involve difficult issues and decisions. The programs we administer are important to many people including community mental health centers, their clients, private providers, courts, other state agencies, schools, the business and faith community and those who pay the taxes that support the work. The decisions made by the Division effect people in deeply personal ways, their lives, their families, their jobs and their long held attitudes.

In this job, I have come to understand that if everyone is happy with you, you aren't doing your job; if everyone is happy with you...you are simply not making the tough choices. Knowing that, the Division has made it a priority to make decisions looking as much as possible through the eyes of those who need mental health and addiction services and their families. With that client-centered focus we have accomplished a great deal in the last four years.

This farewell note is at least two times longer than it ought to be (but about half as long as it could be). There is much to

report and I hope you'll take time to read it and to acknowledge the many accomplishments of the staff of the Division and our partners.

First and foremost, we worked hard to assure clients had a voice and a choice. We involved clients in decision making, provided training and other resources to support them to be their own best advocates. When I spoke at this year's WYSAAG (Wyoming Self-Advocates Advisory Group) conference and looked out on a room filled to capacity with more than 160 people, I knew we had made a difference...and so had they!

In my four decades involved in state government, I have never witnessed such a high and productive level of collaboration among the state agencies serving children and families as exists now. Agency directors meet regularly to discuss how to coordinate services. The drug court program is a national model for accountability and effective programming. The Children's Mental Health Waiver, which was nearly abandoned in 2007, provides services to more than a hundred families in all 23 counties: services that help families stay together and avoid out-of-home placements.

The combined efforts of First Lady Nancy Freudenthal, the Division and our many community partners to prevent underage drinking and experimentation with drugs has produced an enviable result. The return on these investments of money and time shows they have paid off for youth and their families, their schools and communities. The Youth Risk Behavior Survey of Wyoming high school students reveals that between 1999 and 2009, past 30 day youth use of alcohol has declined by 24 percent, lifetime alcohol use by youth has declined 12.7 percent, meth use has dropped 61 percent, binge drinking has declined 30 percent, driving after drinking dropped 44 percent, riding in a car driven by someone drinking down 25 percent, and smoking rates among youth have declined by 37 percent (though they have unfortunately increased a little over the last two years).

The Division has developed the Information Technology necessary to collect and analyze data necessary to assess outcomes and contribute to better decisions.

We have institutionalized SBIRT (Screening, Brief Intervention and Referral to Treatment) by training hundreds of medical and other professionals on this evidence based intervention. The Division has begun to train doctors and others on the use of important prescription medicines in effective substance abuse treatment. We have signed a contract that will provide a platform for the delivery of educational and therapeutic services over the internet and participated with Dr. James Bush, State Medical Medical Director, in establishing telehealth programs to provide primary care doctors with consultations on services to children with serious emotional disturbance.

Through the leadership of Division staff, people from several state and local agencies and programs are being trained in High Fidelity Wraparound. Enabling them to provide effective services to families being served by more than one agency.

Those agencies are also in the midst of other inter-agency projects that will improve behavioral health services to children. The Division's job-sharing agreement with the Guardian Ad Litem (GAL) program has resulted in GAL's who are better prepared than ever to represent children with mental health needs in courtrooms across the state.

Working with the National Guard and others, the Division has implemented a nationally recognized program to serve veterans and their families. Veteran Advocates work personally with all returning vets to make sure they get the behavioral health services they need.

I know I have left out some of the important work the Division has accomplished while I have been here. It is all their work, not mine. I have seen my role as that of the sower of seed. You'll recall the story. Some of the seed fell on hard ground, blew away and produced no results while other seed fell on fertile ground and produced bushels of grain. Without the excellent staff in the Division and countless partners around the state, none of the seed would have produced a thing. They have taken the opportunities given them and turned this work into something special. I am thankful to have been given the opportunity to watch.



McDaniel Honored by UPLIFT'S 2010 Public Service Award

By Mindy Dahl Chai, PhD

PhP. Nikkel presents R. McDaniel with the 2010 UPLIFT Public Service Award, November 16, 2010.

UPLIFT Wyoming, a service organization dedicated to encouraging success and stability for children and youth who struggle with mental health and developmental issues, recently celebrated its twentieth anniversary. A reception was held at Cole Elementary School in Cheyenne, where Peggy Nikkel, Executive Director of UPLIFT, presented Rodger McDaniel, Deputy Director of the Wyoming Department of Health, Mental Health and Substance Abuse Services Division, with the Public Service Award for exemplary contributions to improving the lives of children, youth and families.

Ms. Nikkel said, "Through Rodger's many experiences, ministry efforts, and assignments within the state government, he has proven to be a champion for children, youth, and families. In addition, he has been a strong supporter of UPLIFT and our expanding role within the system of care. Rodger has recently announced his retirement and, though it is well deserved, he will be missed by the families and communities in Wyoming." UPLIFT punctuated the evening by releasing 20 balloons (one for each year of its service in Wyoming) into the snow-filled sky.

NEW SBIRT WEBSITE

http://www.health.wyo.gov/mhsa/prevention/sbirt.html

SBIRT is a program supported by the World Health Organization and SAMHSA with proven results in drastically lowering substance use in individuals found to have risky behaviors.

SBIRT is a screening process designed to target individuals with nondependent substance use and provide effective strategies for intervention prior to the need for more extensive treatment. SBIRT is preventive care against risky substance use which can eventually lead to medical and/or mental health problems.

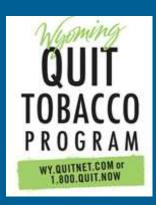
SBIRT (pronounced ess-bert) is an acronym meaning:

Screen - quick and simple assessment.

Brief Intervention – a short interview to motivate patients toward positive behavioral change.

Referral to Treatment – referring individuals in need to care.

2 Free Resources:





Free Resources

WyoCARE is a prevention, education, and treatment oriented program. Please visit us at

www.wyocare.org or www.wyocare.com

Funded by grants from WDH, MHSASD

COURT SUPERVISED TREATMENT PROGRAMS DATA SYSTEM ENHANCEMENT

by Mindy Dahl Chai, Ph.D.

In fiscal year 2010, the Division entered into a contract with the Wyoming Survey and Analysis Center (WYSAC) to enhance the existing Drug Court Case Management System (DCCMS; now called WyCST, or the Wyoming Court Supervised Treatment information management system). This enhancement was designed to meet new statutory requirements related to data reporting, improve data quality, increase system usability, and increase reporting capabilities. A redesigned web interface was included in the enhancement, along with several new and important security features to ensure the confidentiality of all data placed into the system. The enhancements also included a comprehensive user manual and data dictionary. A beta (or almost-final) version of the WyCST was released to selected local Court Supervised Treatment (CST) programs for user testing in August 2010. WyCST went into full production mode on October 6, 2010, and technical assistance is ongoing for all local program users. The Division and WYSAC will again work together throughout fiscal year 2011 to address the increased security requirements that accompanied a revision to HIPAA rules and the new HITECH standards that have recently been issued at the national level, along with additional reporting and other functionality upgrades for local programs and state-level users.

FY12 COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES APPLICATION ANNOUNCEMENT

The Wyoming Department of Health, Mental Health and Substance Abuse Services Division (MHSASD) is requesting letters of intent from providers interested in applying for a contract to provide community mental health and substance abuse treatment. The Division may only accept letters of intent and applications from providers that meet the requirements of the Behavioral Health, Personnel and Program Quality Rules, Community Program – Mental Health and Substance Abuse Services Rules, and/or the Substance Abuse Standards. Specifically, providers must meet general administration standards related to organization, financial management, physical plant, personnel policies, and operating policies under these rules. If a provider wishes to provide mental health services, the provider must meet minimum requirements related to executive director qualifications and at a minimum provide outpatient services, consultation and education and liaison services under the rules.

Letters of intent are due to the MHSASD by January 13, 2011 and shall be signed by the chairman of the board of directors and by the director of the program.

The general, tentative, timeline for the application process is as follows:

- January 13, 2011 Letters of intent due to MHSASD
- January 24, 2011 Conference call to discuss the selection process and methods of prioritizing programs (call-in number is 1-877-278-8686, Participant Code 992152)
- January 28, 2011 Applications sent out to providers
- March 28 April 12, 2011 Review of applications and requests for additional information
- May 5, 2011 Final funding decisions and initiation of FY12 contacts

A public notice was posted in the Casper Star Tribune on November 28th and 29th. A copy of the rules guiding this application process can be obtained on the Secretary of State's website at http://soswy.state.wy.us.

Letters of Intent should be mailed to the following address:

Korin A. Schmidt Administrator Wyoming Department of Health Mental Health and Substance Abuse Services Division 6101 Yellowstone Road, Suite 220 Cheyenne, WY 82002 (307) 777-6494 (office) (307) 777-5849 (fax)

Korin.schmidt@health.wyo.gov

PREVENTION BLOCK GRANT AND SYNAR UPDATES

PREVENTION BLOCK GRANT

Prevention block grant contracts are funded with a combination of Substance Abuse Prevention and Treatment Block Grant federal funds and state general funds. In fiscal year 2010 (FY10), 18 contractors provided substance abuse prevention services in all 23 Wyoming counties, including the Wind River Indian Reservation. They served 8,576 youth and adults with direct prevention services, which is an increase from 3,535 in FY09, and an estimated 1,014,316 individuals were reached indirectly (sometimes more than once), which is an increase from 511.117 in FY09. row risk factors showed improvement and the third year one protective factor improved. The block grant evaluation, conducted by the

Wyoming Survey and Analysis Center (WYSAC), found the mean score on three risk factors improved significantly, while one protective factor improved significantly. This is the seventh year in a row risk factors showed improvement and the third year one protective factor improved.

SYNAR

Tobacco use is the leading cause of death and disease in the United States, with more than 400,000 deaths annually attributed to smoking. Eighty-percent of adults smokers that are nicotine-dependent report that they started smoking cigarettes before age 18. Preventing the use of tobacco products by young people provides an important opportunity to reduce the death and disability that accompany tobacco use. reduce youth

access to tobacco, Synar Compliance Checks are conducted annually. One part of a comprehensive strategy to reduce youth tobacco use is to reduce youth access to tobacco products. The Synar Amendment of 1992, requires states to conduct random, annual inspections and to maintain a Retailer Violation Rate (RVR) of 20 percent or less. In the most current calendar year Wyoming had an overall weighted RVR of 7.3%, a decrease from last year's rate of 9.6%. The most current Synar Compliance Report, authored by WYSAC, can be found on the MHSASD prevention homepage http:// www.health.wyo.gov/mhsa/prevention index.html, near the bottom.

DRUG COURT RECIDIVISM: ASSESSING THE EFFECTS OF THE DRUG COURT INTERVENTION ON OFFENDER CRIMINAL TRAJECTORIES: A RESEARCH NOTE.

By Dr. Cary Heck, Ph.D, Aaron Roussell, MA and Scott E. Culhane, Ph.D., University of Wyoming. The article was published in the June, 2009, issue of *Criminal Justice Policy Review*. (Volume 20, Number 2)

While it is impossible to scientifically attribute the changes in criminal behavior among drug court program graduates to the program itself, there is strong evidence that a correlation exists between the drug court intervention and reductions in criminality for those participants who graduate. With Wyoming drug court retention rates hovering between 48.1% and 63.8% (National Center for State Courts, 2007) there is an excellent chance that the desired affects of these programs will take hold for a large number of offenders who are otherwise likely to re-offend. The costs of these programs tend to be appreciably less than that of incarceration and the benefits, at least in the short term, are significant. Further research should be conducted to determine who best is suited for the intensive nature of the drug court program. This type of research should promote better use of resources and higher retention rates.

The promise of drug courts lays in the impact of the programs on individual offenders who, based upon the foundations of criminological literature, are likely to re-offend. Indeed, the initial program was designed to reduce the revolving door of justice for many low level offenders who carry the baggage of addiction and other co-occurring mental health disorders. The literature seems fairly clear that for many offenders the only true expectation is that without considerable help they will certainly return to custody. While the positive results of drug courts are often attributed to the clinical treatment (Satel, 2000) and regularized sanctions and incentives (Marlowe Festinger, Lee, Dugosh, & Benasutti, 2006), another considerable component of crime desistence may be found through the participant investment in social networks. Certainly the results of this study, combined with previous

research (Laub & Sampson, 2003),

suggest that the artificial creation of prosocial connections acquired through drug court—when fully realized through graduation—are effective in reducing criminal activity.



WYOMING'S SFY2009 CLIENT TREATMENT OUTCOMES REPORT RELEASED

By Mindy Dahl Chai PhD

The Research and Data Unit has developed and produced data reports using the valuable information stored in the Wyoming Client Information System (WCIS). Contracted treatment provider agencies input client-level treatment data into this system on a regular basis. The most recent report utilized data from state fiscal year 2009 (July 1, 2008-June 30, 2009) and aimed to provide a baseline for examining domains and outcomes that are commonly associated with improvements in client well-being as a result of treatment services. The tables presented below represent Substance Abuse (Table 1) and Mental Health (Table 2) client outcome data

from admission to discharge from treatment. As can be seen below, there are many areas in which Wyoming treatment clients are improving during their time in treatment; for instance, we see increases in the number of substance abuse treatment clients who augmented or retained their employment status (from part- to full-time, for instance). The analysis also indicates that substance abuse treatment clients are less likely to have involvement in the criminal justice system at discharge than at admission. We can also find areas that may require some attention for improvement, such as the lack of increased independent living for substance abuse treatment clients.

The apparent stability (lack of improvement) for mental health clients in employment status or living situation at discharge from services may also require consideration. The Division continues to work with local treatment providers to ensure quality data and the use of this important information in discussions regarding treatment programs across Wyoming. This report will be updated using FY2010 data in February 2011. Both reports will be available on our website at: http://www.health.wyo.gov/mhsa/statistics/index.html.

TABLE 1 | Wyoming OUTCOMES| Clients Receiving Substance Abuse Services | Youth and Adults

		Substance Abuse <i>Youth</i> (17 yoa ³ or less)			Substance Abuse <i>Adults</i> (18 yoa or more)		
DOMAIN	OUTCOME	Admission	Discharge	Change? ²	Admission	Discharge	Change? 2
School/ Employmentl ¹	Youth Stayed in School; Adults increased or re- tained employment	42.1%	41.8%	Stable ²	33.7%	37.4%	Improved ²
Crime & Criminal Justice ¹	Stayed out of trouble	78.8%	96.3%	Improved ²	80.2%	95.3%	Improved ²
Living Situation ¹	Increased independent living	63.9%	52.3%	Declined ²	54.2%	55.9%	Stable ²
Reduced Morbidity ¹	Abstinence from drug/ alcohol use	2.2%	2.8%	Stable ²	2.8%	3.3%	Improved ²

TABLE 2 | OUTCOMES | Clients Receiving Mental Health Services | Youth and Adults

		Mental Health <i>Youth</i> (17 yoa or less)			Mental Health <i>Adults</i> (18 yoa or more)		
DOMAIN	OUTCOME	Admission	Discharge	Change? ²	Admission	Discharge	Change? 2
School/Employment ¹	Youth Stayed in school; Adults Increased/retained employment	19.2%	17.5%	Stable ²	44.4%	46.5%	Stable ²
Living Situation ¹	Increased independent living	86.6%	86.6%	Stable ²	84.6%	82.7%	Stable ²

¹National Outcome Measures data is extracted from SFY2009 WCIS data submissions by contracted treatment providers.

²Clients experienced a +/- 2.5% change or more from Admission to Discharge; else labeled 'stable.'

³ YOA=years of age